

**FORM CT-1041****Connecticut Income Tax Return for Trusts and Estates***For residents, nonresidents and part-year residents***1998**  
**CT-1041**

For calendar year 1998, or other taxable year beginning \_\_\_\_\_, 1998, and ending \_\_\_\_\_, 19\_\_\_\_

<b>Name and Address</b>	Name of Estate or Trust ▶	Federal Employer ID Number
	Name and Title of Fiduciary ▶	Date Received ( <i>DEPARTMENT USE ONLY</i> )
	Address of Fiduciary      Number and Street      PO Box ▶	(For Estates Only) Decedent's Social Security Number ____ : ____ : ____
	City, Town or Post Office      State      ZIP Code ▶	Check applicable box: ▶ <input type="checkbox"/> Final Return ▶ <input type="checkbox"/> Amended Return
<b>Resident Status</b>	Check here only if you checked any of the boxes on Part I of Form CT-2210    ▶ <input type="checkbox"/>	
	Date trust was created, or for an estate, date of decedent's death: ▶ _____ If estate was closed, or trust terminated, enter date:    ▶ _____	
	Check applicable box:    ▶ <input type="checkbox"/> Resident estate    ▶ <input type="checkbox"/> Full-year resident trust    ▶ <input type="checkbox"/> Part-year resident trust ▶ <input type="checkbox"/> Nonresident estate     ▶ <input type="checkbox"/> Nonresident trust	
<b>Type of Entity</b>	Check applicable box:    ▶ <input type="checkbox"/> Decedent's estate    ▶ <input type="checkbox"/> Bankruptcy estate    ▶ <input type="checkbox"/> Simple trust    ▶ <input type="checkbox"/> Complex trust ▶ <input type="checkbox"/> Pooled income fund    ▶ <input type="checkbox"/> Grantor type trust filing federal Form 1041 If trust was created by the will of a decedent, also check here    ▶ <input type="checkbox"/>	
<b>Full-year Resident only</b>	1. Connecticut taxable income of fiduciary (from Form CT-1041, Schedule C, Line 17) ▶	1
<b>Nonresident Part-year</b>	2. Connecticut income tax: Multiply Line 1 by 4.5% (.045) ▶	2
<b>Credit</b>	3. Allocated Connecticut income tax (from Schedule CT-1041FA, Part 1, Line 14) (nonresident estates and trusts, and part-year resident trusts only) ▶	3
<b>TOTAL TAX</b>	4. Net credit for income tax paid to other jurisdictions by resident estates and trusts, and part-year resident trusts only ( <i>See instructions</i> ) ▶	4
	5. Subtract Line 4 from Line 2 or Line 3 ( <i>See instructions</i> ) ▶	5
	6. Connecticut alternative minimum tax (from Form CT-1041, Schedule I, Part I, Line 25) ▶	6
<b>Payments</b>	7. Add Line 5 and Line 6 ▶	7
	8. Adjusted net Connecticut minimum tax credit (from Form CT-8801) ▶	8
	9. Connecticut income tax (Subtract Line 8 from Line 7) ▶	9
<b>Refund, Amount Due or Contribution</b>	10. Connecticut income tax withheld ( <i>See instructions</i> ) ▶	10
	11. All 1998 estimated tax payments and any overpayment applied from a prior year ▶	11
	12. Payments made with extension request (Form CT-1041 EXT) ▶	12
<b>Refund, Amount Due or Contribution</b>	13. Total payments (Add Lines 10, 11 and 12) ▶	13
	14. If Line 13 is greater than Line 9, enter amount overpaid (Subtract Line 9 from Line 13) ▶	14
	15. Amount of Line 14 you want to be <b>applied</b> to your 1999 estimated tax ▶	15
	16. Balance of overpayment (Subtract Line 15 from Line 14) ▶	16
	17. Amount you want to contribute to: ( <i>See instructions for details of funds</i> )	
	AIDS Research    ▶ ____ \$2    ▶ ____ \$5    ▶ ____ \$15    ▶ other _____.00	
	Organ Transplant    ▶ ____ \$2    ▶ ____ \$5    ▶ ____ \$15    ▶ other _____.00	
	Endangered Species/Wildlife ▶ ____ \$2    ▶ ____ \$5    ▶ ____ \$15    ▶ other _____.00	
	Breast Cancer Research    ▶ ____ \$2    ▶ ____ \$5    ▶ ____ \$15    ▶ other _____.00	
	Safety Net Services    ▶ ____ \$2    ▶ ____ \$5    ▶ ____ \$15    ▶ other _____.00	
<b>TOTAL CONTRIBUTIONS</b> ▶		17
18. Amount to be <b>refunded</b> to you (Subtract Line 17 from Line 16) ▶		18
19. <b>If Line 9 is greater than Line 13</b> , enter the amount of <b>tax you owe</b> (Subtract Line 13 from Line 9) ▶		19
20. If late: Enter penalty ( <i>See instructions</i> ) ▶		20
21. If late: Enter interest ( <i>See instructions</i> ) ▶		21
22. Interest on underpayments of estimated tax (from Form CT-2210) ▶		22
23. Amount <b>due</b> with this return (Add Lines 19 through 22) ▶		23

**DUE DATE** (FOR CALENDAR YEAR FILERS): April 15, 1999Make check or money order payable to: COMMISSIONER OF REVENUE SERVICES.  
Write the Federal Employer ID Number of the trust or estate and "1998 CT-1041" on your check.It is not necessary to attach federal Form 1041 or federal Schedule K-1 information.  
Mail in the envelope provided with this return or to the address shown at right.Mail to:  
Department of Revenue Services  
PO Box 2934  
Hartford CT 06104-2934**TAXPAYERS MUST SIGN DECLARATION ON REVERSE**

SCHEDULE A - CONNECTICUT FIDUCIARY ADJUSTMENTS - (See instructions)

<b>Additions</b>	
1. Interest on state and local government obligations other than Connecticut	▶ 1
2. Exempt-interest dividends received from a mutual fund derived from state or municipal government obligations other than Connecticut	▶ 2
3. Shareholder's pro-rata share of S corporation nonseparately computed loss (Enter as a positive number)	▶ 3
4. Loss on sale of Connecticut state and local government bonds (Enter as a positive number)	▶ 4
5. Connecticut income tax deducted in determining federal taxable income prior to deductions relating to distributions to beneficiaries	▶ 5
6. Other (Specify) _____	▶ 6
7. Total additions (Add Lines 1 through 6)	▶ 7
<b>Subtractions</b>	
8. Interest on United States government obligations	▶ 8
9. Dividends from certain mutual funds derived from United States government obligations	▶ 9
10. Shareholder's pro-rata share of S corporation nonseparately computed income	▶ 10
11. Gain on sale of Connecticut state and local government bonds	▶ 11
12. Refunds of Connecticut income tax	▶ 12
13. Other (Specify) _____	▶ 13
14. Total subtractions (Add Lines 8 through 13)	▶ 14
15. Connecticut fiduciary adjustment - (Subtract Line 14 from Line 7. This amount may be positive or negative) Enter on Form CT-1041, Schedule B, Part 1, Column 5, Line f.	▶ 15

Resident estates or full year resident trusts must attach Form CT-1041, Schedule C and if applicable, Schedule CT-1041FA

A. If the trust is an *inter vivos* trust, enter name, address and social security number of grantor: \_\_\_\_\_

B. If you check "part-year resident trust" on the front of this return, enter the date on which the trust became irrevocable: \_\_\_\_\_

C. Does the estate or trust have an interest in real property or tangible personal property located in Connecticut? ☐ YES ☐ NO

Completed Schedules must be attached to the back of Form CT-1041 in the following order:

- 1. Schedule B
- 2. Schedule C
- 3. Schedule CT-1041FA
- 4. Schedule I
- 5. Form CT-8801
- 6. Returns filed with other jurisdictions, as applicable

**Declaration:** I declare under the penalties of false statement that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete and correct. Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>  Keep a copy of this return for your records	Signature of Fiduciary or Officer Representing Fiduciary	Date	Telephone Number (    )
	Paid Preparer's Signature		Federal Employer ID Number
	Firm Name and Address	▶	

Check if you used a paid preparer and do not want forms sent to you next year. ▶ ☐

Checking this box does not relieve you of your responsibility to file.